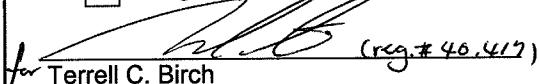


| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 1254-0268PUS1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------------|--------------------------------|-----------------------------|-----------------------------|------|--|----------------------------------|--------------------------------|-----------------------------|------|--|--------------|----|--------|---|---------|------|--------------------|---|-------|---|----------|------|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|---|--|--|--|--|------|
| Application No. 10/523,107-Conf. #8412 | Filing Date February 3, 2005 | Examiner M. D. A | | Art Unit 2821 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant(s): Yutaka INOUE et al. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Invention: INVERTER CIRCUIT, FLUORESCENT TUBE LIGHTING APPARATUS, BACKLIGHT APPARATUS, AND LIQUID CRYSTAL DISPLAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="margin: 0;">CLAIMS AS AMENDED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>14</td> <td>- 38 =</td> <td>0</td> <td>x 50.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>- 9 =</td> <td>0</td> <td>x 200.00</td> <td>0.00</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td>0.00</td> </tr> </tbody> </table> | | | | | | | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | Total Claims | 14 | - 38 = | 0 | x 50.00 | 0.00 | Independent Claims | 3 | - 9 = | 0 | x 200.00 | 0.00 | Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | | Other fee (please specify): | | | | | | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 14 | - 38 = | 0 | x 50.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 3 | - 9 = | 0 | x 200.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (please specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  for Terrell C. Birch (reg. # 46,417) Attorney Reg. No.: 19,382 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dated: <u>September 14, 2007</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |